



**Student Hearing and Placement Department
(SHPD-F044)**

Violation of SARB Contractual Agreement

All requested information (blanks) must be completed and attach supporting documentation.

School completes Steps 1, 2, 3.

School Name: _____ Student Number: _____ Date referred to SHPD: _____
 Student Name: _____ Date of Birth: _____ Ethnicity: 100 Grade: K
 Date of SARB (attach copy of SARB contract): _____
 Special Education (check one) yes no Date of current IEP: _____
 Parent/Guardian: _____ Telephone Number Home: _____ Work: _____ Cellular: _____
 Current Address: _____ City: _____ State: _____ Zip Code: _____
 How was the SARB Contract violated? (check/ fill all that apply)
 Truant/Unexcused Absences Behavior Hearing: date of meeting _____

Step 1 – Number of absences since SARB: (attach supporting documentation)

Unexcused days/periods (minimum 5 days)	Truant Tardies (minimum 5)	Suspensions – number of days out of school School Year: _____
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Step 2 – Interventions since SARB: (attach Intervention Checklist, SHPD-F002)

Step 3 – Administrator’s recommendation for violation of SARB:

District Attorney referral (Penal Code 272) Alternative Placement Juvenile Probation (Education Code 48262)
 Department of Human Assistance sanctioning Truancy Court Revoke or deny work permit

Other: _____

Signature of Principal or Assistant Principal: _____

FOR STUDENT HEARING AND PLACEMENT DEPARTMENT USE ONLY

Action(s) taken by Child Welfare and Attendance Team: _____ Date reviewed: _____
 Referral to District Attorney Referral to Juvenile Probation Department of Human Assistance for sanctioning
 Alternative Placement Location: _____ Truancy Court Revoke or deny work permit
 Return to school for interventions Revoke Drivers License

Comments: _____

Reviewed by:

Name	Title	Date received: _____
_____	_____	_____
_____	_____	Date sent back to school _____ by _____, Family Advocate
_____	_____	<input type="checkbox"/> fax <input type="checkbox"/> school mail
_____	_____	